

Application for Employment City of Wheatland, California 111 C Street, (530) 633-2761

Please Print Clearly In Ink Or Type	Position applying	for:		
Name				
Last	F	First		Middle Initial
Have you ever used another name? I	f yes, please list			
Address				
Street		City	State	Zip Code
Home Phone ()		Business correct or False Statement		Rejection or
From what source did you learn of thi	s position? Newspa	per 🗌 Personal Inquiry 🗆] Job Bulletin 🗌 W	eb Site 🗌
Will you accept temporary work? Yell you accept part-time work?	'ES NO NO C			
Minimum Salary Acceptable:				
Do you have a valid California driver's	s license? YES 🗌 N	IO 🗌 Number:		
Can you, after employment, submit be alien status? YES ☐ NO ☐	irth certificate or othe	er proof of U.S. Citizenship	o or proof of perma	nent resident
Person to notify in case of emergency	y :			
Name	Address		Phone	
Have you ever worked for the City of	Wheatland? YES ☐	NO If yes, what dep	eartment?	
Are you related to any current City of	Wheatland employe	es? YES NO If ye	es, please list:	
Have you ever been fired or forced to	resign a position?	YES ☐ NO ☐ If yes, ex	plain:	
Have you at any time in your life beer minor traffic violations? YES _ NC will be considered in terms of the wor	A criminal reco	rd does not constitute an	automatic bar to e	mployment, but
List any applicable professional vocat which would increase your effectivener received.				

EDUCATION AND TRAINING

Name and Location of School		Did you Graduate	Degree or Certificate	Study Emphasis
List all positions you have held in the past ten etc. It is critical that you provide complete int NOT be accepted in lieu of COMPLETE ANS! the same format. Sign and date any attached	ormation. List each change of WERS. DO NOT WRITE "SEE	title or promotion se	parately. Resumes may	be attached but WILL
Date (Month/Year) From To	Employer Name		Supervisor Name	
Salary	Street		Position	
Total Weekly Hours	City/State		Phone No	
Job Title				
Duties				
20.000				
Reason for Leaving your Current or Last Posit	ion:			
Date (Month/Year) From To	Employer		Supervisor	
Salary	NameStreet		NamePosition	
Total Weekly Hours	City/State			
Job Title			THORE NO.	
Duties			-	
Duties				
Reason for Leaving your Current or Last Posit	ion:			
Date (Month/Year)	Employer		Supervisor	
From To	Name		Name	
Salary	Street		Position	
Total Weekly Hours	City/State		Phone No	
Job Title			-	
Duties				
Reason for Leaving your Current or Last Posit				
Reason for Leaving your Current or Last Posit If employed will you take a loyalty Oat I hereby certify that all statements mad authorize the City of Wheatland to invest mentioned in this application, unless other	h of Public Officers and E e in this application are tru igate my qualifications, emp	e and complete to		